

How to Complete the Title VI Compliance Plan Survey

Select Link: <http://www.tn.gov/humanserv/forms/TitleVI-Survey.pdf>

This link will take you to the fill-in survey. The first page of the survey appears as follows:

**STATE OF TENNESSEE
DEPARTMENT OF HUMAN SERVICES
TITLE VI COMPLIANCE PLAN SURVEY**

IMPORTANT: This report must be completed annually by each facility or agency/sub-recipient contracting with DHS and mailed to the Department's Civil Rights Compliance Officer no later than May 31 of each year. Thank you for your assistance..

This report can be emailed by clicking the "Submit by Email" button at the bottom of the form.

RETURN TO: Civil Rights Compliance Officer
Tennessee Department of Human Services
Citizens Plaza Building
400 Deaderick Street, 15th Floor
Nashville, Tennessee 37243

OR FAX TO: 615-313-5538

OR EMAIL: ComplianceOfficer.DHS@tn.gov

1. **ADMINISTRATIVE** → *** Required fields**

*Name of Facility/Agency	<input type="text"/>	*Street Address	<input type="text"/>
*City	<input type="text"/>	County	<input type="text"/>
		*State	<input type="text"/>
*Zip	<input type="text"/>	*Phone Number	<input type="text"/>
*Name of Agency Head/ Title <input type="text"/>			
*Name of Agency Compliance Designee for Title VI <input type="text"/>			

***NOTE:** Required fields have an asterisk (*). You cannot submit the survey without completing these required fields.

Section 1. Administrative:

This section covers basic information such as the name of the facility/agency, address, etc. Please review the example below. If you do not have a compliance designee, please type "None" in the appropriate box as shown:

1. ADMINISTRATIVE

*** Required fields**

*Name of Facility/Agency	Agency Name	*Street Address	Address
*City	City	County	County
*State	TN		
*Zip	37000	*Phone Number	555-555-5555
*Name of Agency Head/ Title	Agency Head/Title		
*Name of Agency Compliance Designee for Title VI	None		
Email:	E-mail		

Section 2. Governing Board/Advisory Group:

This section covers governing boards and advisory groups. If your agency does not have a governing board or advisory group please select "No" by clicking in the circle next to the word "No" and explain why in the next box as shown below (e.g., you may not have a governing board or advisory group because of your location, size, or organizational makeup). You should now skip down to the letter "e" on the form to complete section 2 of the survey.

2. *GOVERNING BOARD OR ADVISORY GROUP

*Does your agency/facility have a Governing Board or Advisory Group?

☐

Yes

☒

No

If no, skip questions (a)-(d) and please explain why below:

(e.g. location, size, organizational makeup)

size

- | | | |
|-----|--|--------------------------|
| (1) | By staff | <input type="checkbox"/> |
| (2) | By general membership | <input type="checkbox"/> |
| (3) | By agency/facility owner | <input type="checkbox"/> |
| (4) | By agency head or facility administrator | <input type="checkbox"/> |
| (5) | Appointed by action of the State Legislature, County Commission, Municipal Council or other elected body | <input type="checkbox"/> |
| (6) | As required by grantor agency | <input type="checkbox"/> |

If your agency does have a governing board or advisory group, you will need to complete all of section 2. Answer the first question “Yes”, and select any and all items that indicate how your governing board/advisory group is made up:

2. *GOVERNING BOARD OR ADVISORY GROUP

*Does your agency/facility have a Governing Board or Advisory Group?

☒ Yes

☐ No



If no, skip questions (a)-(d) and please explain why below:

(e.g. location, size, organizational makeup)

(1) By staff

☒

(2) By general membership

☒

(3) By agency/facility owner

☒

(4) By agency head or facility administrator

☒

(5) Appointed by action of the State Legislature, County Commission, Municipal Council or other elected body

☒

(6) As required by grantor agency

☒


Subsection a: Please enter numeric numbers in each box even if the number is zero (0) as shown below:

a. What is the racial composition of the Governing Board or Advisory Group? Give the number of

Blacks

Native American

Whites

Indian

Asian

Others

Hispanic

Total Members



Subsection b: Please enter numeric numbers for the percentage in each box even if the number is zero (0). For example, 25% should be entered 25. We have added a link to the Census Bureau for the Tennessee Area, which will give you this information, as shown below:

b. What is the racial composition, by an estimated percent, of your geographical service area (i.e. use most recent census numbers for your counties)? (e.g. location, size, organizational makeup)

<http://quickfacts.census.gov/qfd/states/47/4752006.html>

Blacks	<input type="text" value="25"/>	Native American	<input type="text" value="5"/>
Whites	<input type="text" value="25"/>	Others	<input type="text" value="1"/>
Asian	<input type="text" value="1"/>	Total	<input type="text" value="100"/>
Hispanic	<input type="text" value="43"/>		



Subsection c: This question asks about the steps your agency takes for getting minorities on your governing board/advisory group. Please select any and all that apply as shown:

c. What steps are taken to obtain minority representation on the Governing Board or Advisory Group Board?

<input checked="" type="checkbox"/> Posters	<input checked="" type="checkbox"/> Mail Outs
<input checked="" type="checkbox"/> Advertisements	<input checked="" type="checkbox"/> Announcements
<input checked="" type="checkbox"/> Letters	<input checked="" type="checkbox"/> Information Packets
Other: (Specify)	<input type="text"/>



Subsection d: This question asks how long each board member serves for each term she/he is elected. See example as shown below:

d. Length of term for members of Boards or Advisory Groups years/months



Other: (Specify)

Subsection e: This question is a required field for all agencies concerning the staff at the facilities. Please use numeric numbers for the percentages (%). For example, 25% should be entered 25. All boxes must be filled in even if the number is zero (0). See example as shown below:

e. ***What is the racial composition, by percent, of your staff?**
Enter a number in each field (including zero). Total must be 100.

Black	<input type="text" value="25"/>	Native American Indian	<input type="text" value="10"/>
White	<input type="text" value="25"/>	Hispanic	<input type="text" value="25"/>
Asian	<input type="text" value="15"/>	Others	<input type="text" value="0"/>



Section 3. Policies & Contracts:

This section covers policies and contracts concerning Title VI. Please answer all questions with “yes” or “no”. Do not skip any questions in this section. See example as shown below:

3. ***POLICIES AND CONTRACTS**

Does your agency/facility have a written policy stating that services will be provided to all persons without regard to race, color, or national origin?

☒ yes ☐ No

Does your agency/facility have a written policy and procedure regarding the provision of interpreter/translator services for clients who have limited or no English skills?

☐ yes ☒ No

Does your agency/facility have written procedures for hearing and reviewing Title VI complaints?

☐ yes ☒ No

Does your agency/facility subcontract for the provision of direct services to clients/customer?

☒ yes ☐ No

If yes, do the contracts contain a statement of compliance with Title VI by the subcontractor?

☐ yes ☒ No



Section 4. Local Agency/Facility Title VI Coordinators:

This section may not pertain to all agencies. If your agency has a Title VI Coordinator, please complete this section; if not skip to section 5. If you complete this section, please answer both questions. See example as shown below:

4. **LOCAL AGENCY/FACILITY TITLE VI COORDINATORS**

Have Title VI coordinators/designees received training on agency requirements under Title VI?

☒ yes ☐ No

Do coordinators/designees monitor employee orientation and in-services or annual training on staff responsibilities under Title VI?

☒ yes ☐ No



Section 5. Employees:

This section covers employee/employers training practices on Title VI. All agencies are required to complete this section. Please complete the questions by selecting yes or no to each question. See example as shown below:

5. *EMPLOYEES

Are new employees trained on Title VI during orientation or within sixty (60) days of beginning employment?

☒ yes

☐ No

Are all agency employees trained annually on Title VI Policies?

☒ yes

☐ No

Section 6. Agency/Facility:

This section covers information that should be displayed to the public in all agencies/facilities. All agencies are required to complete this section. Please answer each question by selecting “yes” or “no”. See example as shown below:

6. *AGENCY/FACILITY

Are posters containing Title VI information prominently displayed within the facility?

☒ yes

☐ No

Is information concerning interpreter services to clients with Limited English Proficiency prominently displayed within the facility in languages other than English?

☐ yes

☒ No

Are pamphlets containing Title VI information readily available and prominently displayed within the facility?

☒ yes

☐ No

Are there pamphlets and brochures describing programs and services printed in languages other than English?

☐ yes

☒ No

If so, which language(s)?

Section 7. Records and Complaints:

This section covers any complaints regarding Title VI/Civil Rights that your agency may have received. All agencies are required to complete this section. Please complete all questions by using numbers even if the number is zero (0). See example as shown below:

7. *RECORDS AND COMPLAINTS

Number of Title VI complaints filed with agency during this report period.

0

Number forwarded to DHS Coordinator within five (5) days.

0

Number of Title VI complaints resolved according to complaint procedures.

0

Section 8. Agencies or Facilities Providing Services 24-Hours Per Day:

This section covers agencies or facilities providing services 24 hours per day. Please answer each question by selecting “yes” or “no”. See example as shown below:

8. FOR 24-HOUR AGENCIES OR FACILITIES ONLY

If you make room assignments, indicate whether you have a written policy regarding room transfers within the facility?

☒ yes ☐ No

Does the policy include the following:

a. The specific factors considered when processing a request for a room transfer?

☒ yes ☐ No

b. A requirement that room transfers document: (1) the reason for the transfer, (2) the room number from which the client is transferred, and (3) the room number to which the client is transferred.

☒ yes ☐ No



Section 9. Comments:

This section is used for any comments you would like to make to improve the data collection for Title VI and the compliance report. The comment section may also be used to list any other facility that you may have since only one survey needs to be completed.

Declaration of Respondent

Please review all of your answers to the Title VI Compliance Survey before submitting to the Department of Human Services. After reading the statements please insert your name, title and the date. See example as shown below:

DECLARATION OF RESPONDENT

I certify that I have reviewed and approved the information provided in this report and to the best of my knowledge believe it to be accurate and truthful.

*Name

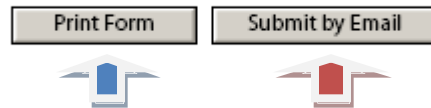
*Title

*Date

***Required fields**



Once you have entered in your name, title and the date, you will notice two buttons at the bottom. One is to print the form to keep for your records. The next button is to Submit by Email. See example as shown below:



If any of the required fields is missing, that section and/or question will be highlighted in red for you to complete. Please answer anything that is highlighted.

If all sections have been answered and you select the “submit by email” button, the form will attach to an email. Press send on the email. It will automatically go the compliance officer’s email.

If you have any questions, please contact Dina Hendricks at 615-313-5617 or the Office of General Counsel 615-313-4731.